

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4911

452

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1326 EAST ARMOUR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY TUBERCULOSIS HOSP</u>							
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>		a. (First)		b. (Middle)		c. (Last) <u>LAMASNEY</u>	
4. DATE OF DEATH <u>JAN. 28, 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u>		8. DATE OF BIRTH <u>OCT. 11, 1911</u>	
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 1 YEAR Hours <u>1</u> Min. <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNDER WRITER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNDER WRITER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SURTY BOND CO.</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN LAMASNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SHEEHAN</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-05-2184</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KANSAS CITY TUBERCULOSIS HOSP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-05-2184</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KANSAS CITY TUBERCULOSIS HOSP</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>OCT. 3, 1947</u> , to <u>JAN. 28, 1950</u> , that I last saw the deceased alive on <u>JAN. 28, 1950</u> , and that death occurred at <u>6:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. K. Landis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>K. C. T. B. Hosp.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>1-31-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Skel</u> ADDRESS <u>K.C. MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 235

working under my personal supervision.

Student Gail J. Shuck
Student Embalmer

Signed

John P. Shuck

Licensed Embalmer No. 23625

P. O. Address K.C. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.